



ADULT FLAG FOOTBALL LEAGUE REGISTRATION FORM

TEAM NAME							
MANAGER/COACH							
ADDRESS							
HOME PHONE ()	OFFICE/CELL PH	ONE ()					
E-MAIL ADDRESS	FAX#						
ASSISTANT COACH							
ADDRESS	CITY	ZIP					
HOME PHONE ()	OFFICE/CELL PHONE ()						
E-MAIL ADDRESS	FAX #						
Teams with previous Tempe experience answer the following: Team Name Record Year							
Team Name	Record	Year					
Give a brief description of you team's ability, ages of players, and previous football background:							
Teams must be prepared to play on Tuesdays.							
Do Not Write Below This Line							
ENTRY FEE: PAID BY:							
IF REFUNDED, RETURNED TO:							

Fall 2003 ADULT FLAG FOOTBALL OFFICIAL TEAM ROSTER

(Please Print)

	Name	Address	City	Zip	Hm Ph (
1.					
7.					
8.					
9.					
10.					
11.					
16.					
playe cons of yo	er. Rosters that idered for leagu ur team please	out completely with the do not contain complete e entry. ROSTERS WII sign your name below v ayers are accurate and	e address and phone LL BE CHECKED FO vhich verifies that the	numbers of place R VALIDITY. A	yers will not be As coach or manager
_	Coach's Signati	ure		Date	